

Additional file 3

Content and details of each of the components of the PARTNER GP BCI.

Component	Description	Supporting evidence
Audit/feedback tool	<p>Identify records for five patients with probable knee OA.</p> <p>Self-audit 20 items in six sections:</p> <ol style="list-style-type: none"> (1) Diagnosis and assessment (2) Education and promotion of active participation in management (3) Non-drug, non-surgical treatment options (4) Medication management (5) Surgical options (6) Ongoing support and review <p>Feedback: Number of items where all patients received recommended management</p> <p>Planning: Reflect on barriers to optimal practice and enablers including learning needs</p> <p>Selection of learning activities and planning for local system changes</p> <p>Implementation of plans</p> <p>Re-audit and feedback</p> <p>Evaluation and conferral of RACGP Continuing Medical Education points.</p>	<p>‘Best practice’ features to enhance the effectiveness of audit/feedback interventions ¹ included:</p> <ul style="list-style-type: none"> • The target performance is provided • Data are based on recent performance • Data are about the individual’s own behaviour • Delivery comes from a trusted and respected source • Recipients are capable and responsible for improvement • Goals for target behaviour are specific, measurable, achievable, relevant, time-bound • Goals set for the target behaviours are aligned with organizational priorities (in this case, the PARTNER model) • A clear action plan is provided when discrepancies are evident <p>Questionnaire items were derived from the literature ²⁻⁴.</p> <p>An expert panel modified the wording and selected the 20 priority items that reflect the aim of the audit activity on best practice diagnosis and management of knee OA with a focus on the target behaviours for GPs in the PARTNER model.</p>
GP professional development	<p>Training module part 1 was developed and delivered in conjunction with Royal Australian College of General Practitioners (RACGP) and confers Continuing Medical Education points:</p> <ul style="list-style-type: none"> • Evidenced based management of knee OA focussing on diagnosis without imaging and non-drug, non-surgical treatment options • Duration including quiz completion approximately 1 hour 	<p>Behaviour change requires effective communication and support from health professionals to facilitate vital self-belief and motivation ⁵. In addition, patients need accurate knowledge about consequences and positive beliefs about their prospects and capabilities ⁶.</p>

	<p>Training module part 2 is a bespoke online training course focussing on:</p> <ul style="list-style-type: none"> Communicating with positive language to facilitate effective patient self-management General skills for improving patient health literacy including 'TeachBack' Specific communication strategies for conversations about increasing physical activity, losing weight and explaining diagnosis 	<p>Widespread explicit and implicit negative weight biases have been shown in large samples of physicians, even in health professionals who specialize in the treatment of obesity (ref Schwartz). Such weight biases impair the quality of healthcare delivery⁷. Thus, methods and resources are needed to reduce weight bias in care delivery.</p> <p>Clinicians should be taught to recognize the complexity of overweight and obesity in terms of behaviour and the influence of mood and mental health disorders^{7 8}.</p>
Decision support (prompts)	<p>A desktop electronic chronic disease care planning support and medical record software that integrates with the most common GP practice software was customized to be used at the point-of-patient care in a routine clinical consultation. The modified care plan includes prompts to:</p> <ol style="list-style-type: none"> (1) Include pain, function, sleep, fatigue and mood in assessment (2) Prioritize education of patients on exercise, activity and weight loss as treatment options (3) Refer to the CST (4) Print PARTNER patient education resource and CST brochure 	<p>The assessment prompting should facilitate biopsychosocial approach to the problem^{9 10}.</p> <p>To be effective, decision support systems need to be¹¹:</p> <ul style="list-style-type: none"> Automatically provided as part of workflow Provide recommendations rather than assessments/instructions Be provided at the point (time and location) of decision making Be computer based
Facilitated referral process	<p>The desktop electronic care planning tool was also customized to facilitate easy referral to the CST with options for communication with CST from within the patient's record.</p>	<p>Referral processes need to be simple and efficient¹²</p>
Patient education resource	<p>One-sheet printable education resources included:</p> <ul style="list-style-type: none"> How a diagnosis is reached Impacts of knee OA What causes the pain What will happen over time What treatments there are for managing the pain 	<p>Evidence for why patients have difficulty up-taking and sustaining the lifestyle behaviours recommended for long term management of their knee OA, and what they perceive they need from their interaction with GPs, informed the content of the resource.</p>

References

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